

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/591,914	FILING DATE 9-08-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1		1			52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		1		1			56	
7		1		1			57	
8		1		1			58	
9	1		1				59	
10		1		1			60	
11	1		1				61	
12		11		1			62	
13		11		1			63	
14		11		1			64	
15		11		1			65	
16		11		1			66	
17		11		1			67	
18		11		1			68	
19		11		1			69	
20							70	
21							71	
22							72	
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24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.	↓
TOTAL DEP.	96	←	12	←		←	TOTAL DEP.	←
TOTAL CLAIMS	99		15				TOTAL CLAIMS	